

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/774,826
		Filing Date	February 9, 2004
		First Named Inventor	Barry N. Gellman
		Examiner Name	John P. Lacyk
		Art Unit	3735
TOTAL AMOUNT OF PAYMENT		(\$) 542.00	Attorney Docket No. MIY-P03-006

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-1945</u> Deposit Account Name: <u>Ropes & Gray LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims 41 - 40 or HP = 1		Extra Claims 1	Fee (\$) 52	Fee Paid (\$) 52.00	Multiple Dependent Claims		
Indep. Claims 4 - 4 or HP = 0		Extra Claims 0	Fee (\$) 0	Fee Paid (\$)	Fee (\$) Fee Paid (\$) _____		
HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets _____ - 100 = _____		Extra Sheets /50 = _____	Number of each additional 50 or fraction thereof (round up to a whole number) x _____		Fee (\$) _____	Fee Paid (\$) _____	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1252 Extension of time within the second month						490.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	57,415
Name (Print/Type)	Carl A. Morales, Ph.D.	Telephone	(212) 596-9377
		Date	January 12, 2009